Menopause is a natural and inevitable phenomenon and serves as an Objective sign of reproduction senescence. Although it is a normal event, various physiological and endocrinological changes occur due to ageing of the ovary and ultimately depletion of hormone levels, this leads to atrophy of various organs of body and produces various symptoms which affects woman's life adversely.

With increasing life expectancy menopause is a growing problem. It occurs earlier in cigarette smokers and in nulliparous women. High altitudes are found to accelerate menopausal age.

During the climacteric period women suffer from symptoms of vasomotor instability such as hot flushes, night sweating, palpitation and insomnia etc, urogenital atrophy causes vaginal dryness, dyspareunia itching, Leukorrhoea, urinary incontinence, frequency, urgency nocturia and dysuria etc. Psychosomatic changes anxiety irritability, depression, insomnia, diminished libido etc. late consequences such as bony pain and spontaneous fractur.

In India, the age of menopause, varies from 44-50 years.
But approximately 8% of women undergo menopause before the age of 40 year or it may be delayed to 53 years.

Menopause is also associated with increase risk to coronary Heart disease due to adverse change in serum lipid and lipoprotein levels. Functioning ovary provide protection against coronary Heart disease because of estrogen production increase HDL concentration and reduce LDL concentration.

Artificially induced menopause may occur due to hysterectomy with or removal of both ovaries. Ovarian function may be suppressed by exposure to intense by exposure to radiation and inserting radium into the uterus. Induced menopause is more troublesome than natural one. Because the ovarian influence is withdrawn suddenly rather than gradually.

Previously, it was thought that menopause does not require any treatment. Most of the women adapt nicely to the physiological changes of menopause. But now-a-days this concept is totally changed. Current demographic trends indicate that due to increasing life expectancy and hysterectomies at an early age for various gynaecological problems , about 1/3 of women's life is in her post menopausal period. On the other hand women's are now playing increasingly active roles in the professional and social areas. Besides this , two aspects of modern life, urbanization
and migration have deprived elderly women of the traditional support from family and community, leaving them feeling insecure and vulnerable. It is, therefore, imperative to understand and manage the postmenopausal period by giving them hormone replacement therapy so as to allow women enjoy optimum health during these years.

Oestrogen deficiency ravages the health and well being of women at and after menopause. Hormone replacement therapy can offer relief. It can be given in variety of routes oral, transdermal, subcutaneous and vaginal.

Transdermal drug delivery system is a most recent achievement. It appears to be at least as effective as oral conjugated estrogen but allows a lower dose to be used, avoiding some of the metabolic adverse effects experienced with oral treatment.

Various studies have indicated an increase in serum cholesterol level suggesting that lack of ovarian function particularly oestrogen is responsible for it or menopause or after oopherectomy. This concept has been greatly re-inforced by observations that serum lipid patterns and plasma cholesterol levels can be altered by administration of oestrogens.
Declining oestrogen level lead to increases rate of bone resorption and urinary excretion of calcium resulting in reduced bone density or osteoporosis.

The present study is conducted to compare efficacy of different types of Hormone replacement therapy in post menopausal women.